S. No. 300
v. 10-48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26428

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 3012 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (in this place): 2 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 501 PROSPECT ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
d. STREET ADDRESS (If rural, give location): 501 PROSPECT ST

3. NAME OF DECEASED (Type or Print)
a. (First): VIRGLE
b. (Middle): E.
c. (Last): PEEBLES

4. DATE OF DEATH (Month) (Day) (Year): JULY 4 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: JULY 11, 1899

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months: 11 Days: 23
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC SCHOOLS

11. BIRTHPLACE (State or foreign country): RAY COUNTY, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ROBERT JESS PEEBLES

13b. MOTHER'S MAIDEN NAME: LUCINDA BROOKS

14. NAME OF HUSBAND OR WIFE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): — —

16. SOCIAL SECURITY NO.: 493-32-3593

17. INFORMANT'S SIGNATURE OR NAME: MRS. GLENN WARE
ADDRESS: 501 PROSPECT EXCELSIOR SPRINGS, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4 July, 1949, *to* 4 July, 1949, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 4:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E Sanders M. D.

23b. ADDRESS: Excelsior Springs Mo

23c. DATE SIGNED: 5 July '49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 7-6-1949

24c. NAME OF CEMETERY OR CREMATORY: SALEM CEMETERY

24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS, MO.

DATE REC'D BY LOCAL REG.: 7/6/49

REGISTRAR'S SIGNATURE: Caroline Sutherland

25. FUNERAL DIRECTOR'S SIGNATURE: Claude Richard

ADDRESS: Ex Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 9
District Health Officer No. 8,
District File Number
Date Filed 8-18-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. ....., working under my personal supervision.

Signed Lindell K. Jarman

Signed .....
Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.